HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

Standing Committee on Health

HESA • NUMBER 100 • 1st SESSION • 42nd PARLIAMENT

EVIDENCE

Wednesday, April 18, 2018

Chair

Mr. Bill Casey

Standing Committee on Health

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● (1640)

[*English*]

The Chair (Mr. Bill Casey (Cumberland—Colchester, Lib.)): I call the meeting to order.

Welcome to our committee. This is meeting number 100. That is kind of a threshold here. It's exciting.

A voice: Where's the cake?

The Chair: We should have a cake.

I want to welcome our guests. We certainly look forward to your testimony on Bill S-228.

As a witness, we have the Honourable Nancy Greene Raine, senator. Welcome to our committee.

We have, as individuals, Monique Potvin Kent, assistant professor, faculty of medicine, University of Ottawa; David Hammond, professor, School of Public Health and Health Systems, University of Waterloo, by video conference from Waterloo; and from Nova Scotia, Dr. Robert Strang, chief medical officer of health, by video conference from Halifax.

We have one little bit of business to carry over from the last meeting.

Dr. Eyolfson, would you like to move that motion that you were talking about?

Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.): Thank you, Mr. Chair.

John Oliver could not be here today. It's his motion. If I could have consent to introduce it on his behalf, I will reread the motion. It says:

> That, pursuant to Standing Order 108(2), the Committee undertake a study on the barriers to access to treatment and drugs for Canadians affected by rare diseases and disorders in order to develop recommendations on actions that the federal government can take, in partnership with the provinces and territories, to remove these barriers; that the Committee report its findings and recommendations to the House no later than December 31, 2018; and that, pursuant to Standing Order 109, the Committee request that the Government table a comprehensive response to the report.

The Chair: Mr. Lobb, I understand that you have an amendment?

Mr. Ben Lobb (Huron—Bruce, CPC): That's correct.

I'll move my amendment, and then after the amendment is approved, I have one other thing I'd like to say.

My amendment to Mr. Oliver's motion is in the second line of the motion, in the middle of the sentence. After "rare diseases and disorders" there would be a comma, and then "including the special access program". It adds five words to the motion. That's the amendment.

The Chair: Dr. Eyolfson, do you know...? I think there have been discussions.

Mr. Doug Eyolfson: Yes, that would be quite acceptable.

The Chair: Is there any debate on the amendment?

Seeing no debate, I'll call for a vote on Mr. Lobb's amendment.

(Amendment agreed to [See *Minutes of Proceedings*])

The Chair: Now we go to the motion.

Did you want to speak now, Mr. Lobb?

Mr. Ben Lobb: No, I'll speak afterwards.

The Chair: Is there any discussion on Dr. Eyolfson's motion?

All in favour of Dr. Eyolfson's motion?

(Motion agreed to)

The Chair: See how fast we work here? It's pretty impressive.

Mr. Lobb, you have some comments.

Mr. Ben Lobb: I have a brief comment. There are two things that Mr. Oliver and I discussed that I want to put on the public record.

There will be six meetings, with a meeting set aside to work on the report. In addition to that, there will be one meeting for families and physicians affected by rare diseases and disorders to be invited to provide their testimony to the committee. That would be one of the six meetings.

As long as those two things that we discussed on a sidebar the other day are good—I know you don't vote on it, but I wanted to put that on the public record so that we're all clear on it—then I'm good to go. At the last meeting, I said I would be five minutes, and it's been three minutes, so we're two minutes ahead of schedule.

The Chair: Thank you very much, everybody, for your co-operation, because we're very anxious to get to our witnesses.

I'm going to invite the Honourable Nancy Greene Raine to make an opening statement. We'll then have opening statements from the others, and then we'll go to questions.

Hon. Nancy Greene Raine (Senator, British Columbia, C): Good afternoon, Chair and committee members.

Thank you for providing me this opportunity to appear before the House of Commons Standing Committee on Health to give you background on Bill S-228, the child health protection act, which prohibits the marketing of unhealthy food and beverages to children and youth under 17 years of age.

The genesis of this bill came from the study that the Standing Senate Committee on Social Affairs, Science and Technology did on the rising rates of obesity in Canada. That study found that the rates of obesity have tripled in Canada since 1980 and that now one out of three children between the ages of five and 17 is either overweight or obese. We also learned that overweight children are much more likely to develop chronic diseases later in life.

In late 2014, I attended a conference here in Ottawa on childhood obesity, where many nationally recognized health opinion leaders, experts, health professionals, and researchers from all across Canada came together to develop a consensus position on a set of definitions, the scope, and the principles meant to guide policy-making with regard to marketing to kids in Canada. Their position paper, "The Ottawa Principles", outlines what was agreed on.

Anyone who's informed on the issue of obesity knows that there are many causes. There's no silver bullet. As our Senate committee study concluded, the marketing of unhealthy food and beverages to children has a negative impact on our most vulnerable age group. In our committee's study we heard testimony from witnesses who, with the exception of the food and advertising industries, unanimously supported strict controls on the advertising of unhealthy food and beverages to children.

This testimony led the committee to recommend that the federal government design and implement a prohibition on the advertising of food and beverages to children, based on an assessment of Quebec's prohibition of all advertising to children, which has been in place since the mid-1980s. Studies have found that Quebec has one of the lowest childhood obesity rates among six- to 11-year-olds in Canada, and one of the highest fruit and vegetable consumption rates.

While the prohibition in Quebec has had success, it is limited to print and broadcast advertising. As the prohibitions came into effect, other forms of marketing, including labelling, point-of-purchase promotions, sponsorship event promotions, etc., all increased—not to mention, more recently, online promotions. Some people will tell you that the Quebec experience has not had an impact on children's health. However, others will explain that as Quebec's prohibition came into effect, the other forms of advertising really increased.

After we tabled our report, I realized that a Senate private member's bill to prohibit the marketing of food and beverages to children, using the Food and Drugs Act, would be able to address the problem. I worked with the Senate legislative drafters and consulted broadly in drafting the bill. I decided that Bill S-228 should be entitled the "child health protection act", as I'm convinced that our children's health is being undermined by the advertising of unhealthy food and beverages intentionally directed at them. As drafting of the bill proceeded, I met with staff in Health Canada, the Minister of Health, and other ministers with interest in the file, including the Minister of Canadian Heritage, who's responsible for controlling advertising on the public airwaves. They were very supportive, as were their staff.

Bill S-228, as originally introduced, prohibited the marketing of all food and beverages to children. I was thinking that nobody spends money advertising broccoli and carrots, so why not prohibit all advertising? After the legislation was introduced, I began to follow developments regarding marketing to children, as jurisdictions all over the world were dealing with the issue. In particular, the World Health Organization and the Pan American Health Organization made public their extensive work on how to define "unhealthy" specifically with regard to the marketing of food and beverages to children. Both organizations recommend restricting advertising these products to children.

Dr. Mary L'Abbé, chair of the department of nutritional sciences in the faculty of medicine at the University of Toronto, leads a research group on food and nutrition policy for population health. She was invaluable in outlining how these agencies arrived at definitions that are now becoming best practices in countries tackling the issue of childhood obesity.

I also realized that legislation that limited the advertising prohibition to food defined as "unhealthy", yet allowed marketing of healthy food, would be more difficult for the food and beverage industry to challenge in court.

● (1645)

For this reason, Bill S-228 was amended at clause-by-clause study in the Senate to limit the prohibition on advertising to children to the advertising of food that had been determined to be unhealthy. This change was accompanied by an amendment to the preamble to acknowledge the existing evidence-based nutrient profiling models that would serve as a base for classifying food or beverages as unhealthy.

I met with the Minister of Health, Minister Philpott at the time, and her officials. The minister was supportive of the proposed amendments to limit the prohibition to "unhealthy" foods and gave me assurance that Health Canada would put in place a definition of "unhealthy" that takes into account the latest science and international models.

Honourable committee members, Bill S-228, as originally tabled, prohibited the marketing of food and beverages to children under 13 years of age. As the bill progressed through the Senate, I had further discussions with some stakeholders who convinced me that new research confirmed that the way adolescents process advertising is also very problematic.

Marketing specialists today understand that adolescents can be targeted with messages that play on specific emotions. Honourable members, I'm sure most of us remember from our teen years that a large number of adolescents reject guidance from their parents and are influenced very strongly by their peers, who determine what is cool. When this age group is targeted by marketers, its members are also vulnerable to developing habits that are likely to last a lifetime. A predilection as teenagers to choose foods high in salt, sugar, and fat can result in poor food choices for the rest of their lives, and it's recognized as one of the precursors to becoming overweight and obese, which leads to all kinds of chronic diseases.

In the spring of 2017, Australian media obtained confidential emails of Facebook managers that explained how Facebook can use its technology to identify moments when young people need a confidence boost and then tailor commercials toward them. By monitoring posts, pictures, interactions, and Internet activity in real time, an advertising-driven site can now determine when its individual users, some as young as 14, feel stressed, overwhelmed, anxious, etc. The Facebook algorithms are capable of target-marketing to individual teenage users when they are most susceptible to a particular marketing message. I was not surprised at the recent testimony by Mark Zuckerberg in the U.S. Congress, but it made me even more convinced that social media companies that earn their revenue through ad sales have a lot more power to influence than most people realize.

The amount of targeted advertising of unhealthy food products to kids in Canada, including all forms of commercial marketing, has greatly increased over the years. This has happened for the simple reason that the experts who design these marketing campaigns know full well that they work.

By the time my bill got through committee hearings in the Senate, I also realized that some clauses in the bill would be better dealt with in the regulations that would be developed by Health Canada following the passage of the legislation.

My original intent was to ensure that the bill would go beyond traditional print, broadcast, and electronic advertising to include social media on the Internet. Today there are many, many ways to influence children to choose unhealthy food and beverages, and these include sponsorships, testimonials, and product giveaways. The tools used to develop successful marketing campaigns are not only very creative; they also include the latest technology to become more and more effective.

During the development of S-228 , I came to understand that amending the Food and Drugs Act is a long and arduous process, having worked on a few amendments to my own bill. I now realize that the legislation should include the general intent and framework, but the details are better left to be dealt with by regulations, which can more easily be changed to react to new ways of marketing.

I am confident that there are many stakeholder groups who will watch and ensure that the regulations to be developed following royal assent to Bill S-228 will live up to the bill's intent and purpose.

Honourable members, I sincerely ask that you consider carefully the positive impact that Bill S-228 can have on the health of Canadian children.

● (1650)

The goal of the bill, child health protection through prohibiting the marketing of unhealthy food and beverages to children, has not changed. I hope any amendments you make will make it even better.

Thank you for your attention. I would be pleased to answer any questions you have for me.

The Chair: Thank you very much.

Now we go to Professor Kent for 10 minutes.

Dr. Monique Potvin Kent (Assistant Professor, Faculty of Medicine, University of Ottawa, As an Individual): Thank you very much, and thank you to the committee for inviting me to speak to you today.

I've been doing research for the past 10 years on food and beverage marketing in Canada. Today I'm going to speak to you about the failure of self-regulation in food and beverage marketing to kids. I'm also going to talk to you about the size of the problem and how much food and beverage marketing kids are seeing on television, in digital media, on websites, and on social media apps and things like that.

The children's food and beverage advertising initiative was developed in 2007 by 16 food and beverage companies. Half of those companies pledged to not advertise to children whatsoever, and the other half pledged to only advertise healthy dietary choices to children.

There are many shortcomings to this piece of self-regulation. First of all, it doesn't include many forms of marketing. Packaging is not included, for instance. Many forms of advertising in schools are not included. Sponsorship is not included. Settings where children gather, such as recreation centres, are not included as part of the pledges.

Another point is that there are only 17 companies that participate in self-regulation. Based on research I have done, there are at least another 35 companies that market quite heavily to children in Canada.

The next thing is that viewership thresholds are set far too high by food and beverage companies. That's the percentage of children who have to be viewing a specific medium before the pledges kick in. Industry has set those levels at 25%, and most of the companies have set them at 35%. Only about 5% to 6% of television programs even hit that threshold, so it's a very small number of programs to which the pledges even apply. If we're looking online at websites, there are maybe two dozen websites that would hit that 35% threshold, so there are very few, because there are so many different sites kids can go to.

There are no limitations in self-regulation about the use of spokescharacters. Those are the characters that are created by companies, such as Tony the Tiger. There are no restrictions on the frequency of marketing, so the same ad can be shown over and over again. Also, that healthier food definition that was established by industry is not considered very stringent by dieticians.

I did some research comparing what happened with children's exposure to food and beverage marketing in 2006 and in 2009. Before 2006 was before the children's food and beverage advertising initiative was implemented; 2009 was after. What we found is that children's exposure to food and beverage marketing actually increased after self-regulation was implemented. It increased by almost 17%. On the slide you can see two of the columns that have increased the most, children's exposure to fast food advertising and children's exposure to snack advertising. This is data taken from television.

I also did some research looking at the power of advertising. Advertising's impact is a function of two different things: exposure and the power of the ad. The power is all the marketing techniques that are used by the advertiser to try to hook the child and really appeal to them. When we compared advertising in May 2006 and May 2011, after the children's food and beverage advertising initiative was implemented, what we found was that the power of the ads actually increased: child and teen targeting went up by 92%, spokescharacter use increased by 27%, and licensed character use went up by 151%. "Licensed character use" refers to the use by advertisers of characters like Dora the Explorer to sell their products.

In 2015 industry came up with common nutrition criteria because they were so heavily criticized for having very poor nutritional criteria. We did a study comparing the healthfulness of the products being advertised in 2013, before these nutritional criteria came into effect, and then afterwards, in 2016. Would we see a difference in the healthfulness of the ads that kids were watching?

What we found was no difference whatsoever. If you look at the far right-hand column, you will see that in 2013, 99.2% of the ads were classified as either "high" or "excessive" in total fat, saturated fat, trans fat, sodium, or free sugar. In 2016, it was 100%. There is no statistically significant difference, and we actually saw increases in the percentage of ads for products that were classified as "excessive" in trans fat and sodium.

● (1655)

As to the size of the problem, I just participated in a research study undertaken in Australia. A data collection took place in 20 different countries across the world. I'm showing on the slide the data from the developed countries that participated. Canada had the highest rate of food and beverage advertising to children of all of the countries. We had 10.9 food ads per station on children's specialty channels. Those are channels that target children. When we looked at the ratio of healthy ads to non-healthy ads, for every healthy ad that was shown on TV during children's viewing, there were 12 unhealthy ads. Nancy was completely right when she said there's not a lot of broccoli being advertised.

The food categories we see advertised most frequently on television are restaurants. Fast-food restaurants are the most heavily advertised category.

The second category is candy and chocolate bars, followed by cakes, cookies, and ice cream. You don't even have to do a nutritional analysis to figure out that these are not healthy foods being advertised.

Turning to digital marketing, I finished a study last year in which we looked at the 10 most popular websites that children are going to in Canada. We were looking at the number of banner and pop-up ads that kids see on their favourite websites. These were ads that kids would see on desktop and laptop computers.

What we found was 54 million food and beverage ads on those 10 websites alone. We couldn't get over the number. The most frequently advertised food categories were as follows: fast-food restaurants again; cakes, cookies, and ice cream; cold cereal; and snacks. The product that was advertised most frequently on the websites was Pop-Tarts. The second one was Frosted Flakes. Third was the McDonald's Happy Meal. The fourth one surprised us quite a bit: the fourth most advertised product was Red Bull. We were quite surprised by this. There's actually a Health Canada regulation saying that you cannot advertise Red Bull, which is a very dangerous product for children under the age of 12. The fifth most advertised product was Kraft Lunchables.

When we did a nutritional analysis of the products advertised on those 10 most popular sites, 93% were classified as excessive in either sugar, fat, or sodium. As you see in the next column on the left-hand side of the slide, 77.4% of the products were classified as excessive in sugar.

I just completed a study one month ago that looks at marketing to kids through social media sites. We went into the community and recruited more than 100 kids between the ages of seven and 16 years. We put eye-tracking glasses on them and had kids go to their favourite social media sites. They could go to Facebook, Instagram, Snapchat, Twitter, or YouTube—and by the way, the images showing on the slide are all taken directly from my research. These are images that kids saw in the study.

We found that 72% of the kids in the study were exposed to food and beverage marketing while they were on social media sites. There were actually 215 instances of food marketing, which is about two food and beverage ads per 10-minute period. Because we also asked the kids how much time they were spending on social media sites, we were able to estimate that kids are seeing approximately 113 food and beverage ads per week on social media sites alone. That worked out to almost 6,000 food and beverage ads per year that kids are seeing on social media sites, and as I said, it's not just teenagers who are going to social media sites: we had kids as young as seven who had social media sites on their phones. The kids in the study were using their own phones or tablets.

It was fast food ads that appeared most often on social media sites, with 44% of the products being for fast foods. The second most popular category was sugar-sweetened beverages, shown on the orange bar at the bottom of the slide, followed by candy and chocolates, followed by snacks.

● (1700)

Five per cent of the ads seen on the social media sites were for alcohol, and these were viewed by the children in our study.

When we did an analysis of the healthfulness of the products, 97% of the products were classified as excessive in sugar, fat, or sodium.

In conclusion, we know that self-regulation is not working. We have lots of research to show that. A law that restricts food marketing to children is essential, and I applaud the committee and Nancy for bringing a bill forward on this topic.

We need a broad definition of marketing to children that includes all media and child settings. We need a very stringent and evidence-based definition of what is considered healthy. The other thing is that audience thresholds for the percentage of kids who have to be viewing a medium have to be set low enough so they capture enough media and child settings.

Finally, it's very important to have independent and well-resourced monitoring.

I look forward to answering your questions once all the presentations are done.

Thank you very much.

The Chair: Thank you very much; that's very impressive.

Welcome, Professor Hammond.

You may make an opening statement for 10 minutes.

Dr. David Hammond (Professor, University of Waterloo, School of Public Health and Health Systems, As an Individual): Thank you, and good afternoon.

I'm testifying today as an individual expert. I don't accept any industry funding and I don't represent any organization.

My expertise is in consumer health behaviour. I've studied tobacco marketing for almost 20 years and food marketing for the past decade. I've also served as an adviser to regulatory agencies for marketing regulations and as an expert witness in legal challenges to public health marketing laws.

You heard Dr. Potvin Kent describe the scope of the problem and the extent of marketing. I'm going to focus more on how to design effective regulations.

Let me begin by stressing the importance of this bill. It's a curious fact that almost none of us admit to being influenced by advertising, while at the same time companies spend billions of dollars shaping what we buy and what we consume. It's always been curious to me that when governments seek to restrict advertising, the same companies spending billions to advertise unhealthy foods suddenly question whether these ads actually make a difference in what we eat.

Over the course of your hearings you're likely to be told that the effect of food marketing is somehow different from other domains. You'll be told that's because obesity is complicated, because marketing is only one of the many causes of obesity. You'll be told that because marketing restrictions won't solve obesity on their own, they probably shouldn't be implemented. You'll probably even hear efforts to shift the focus entirely away from dietary intake and onto physical activity.

Putting aside the fact that physical activity levels in Canada have actually gone up over the last 30 years, I want to be clear about the evidence on food marketing. There is a very strong consensus in the scientific community that marketing promotes dietary intake of unhealthy foods. One of the most important lessons from that evidence is that marketing exerts its influence at a far earlier age than most of us realize.

There are all sorts of examples in research that's been conducted. I often think of the landmark study that was published more than 25 years ago in JAMA, which is one the world's leading medical journals. The study looked at brand logo recognition among three- to six-year-old children. Not surprisingly, right at the top of the list was Disney and the Mickey Mouse logo as the most recognized brand, but among these three- to six-year- olds, the next five brands were all food brands: McDonald's, Burger King, Domino's Pizza, Coca-Cola, and Pepsi. Research has consistently demonstrated that not only does this marketing reach children, but it actually has a greater influence among younger children.

I want to say a brief word about the timeline for thinking about the impact of marketing restrictions. Removing food marketing will not change obesity rates overnight, just as removing tobacco marketing didn't reduce smoking rates overnight. The impact is incremental. It's going to be strongest among the future generations who grow up in the absence of the promotional messages.

Indeed, in the case of tobacco marketing bans, it's often difficult to see any change at all in the year or two following the ban, but I can tell you that marketing restrictions are recognized as one of the most important factors in the reduction of smoking among young people over the last 40 years.

That's not to say that all marketing regulations are equal or have the same impact. I'd like to touch upon three important considerations that are likely to influence the effectiveness of the proposed measures.

The first consideration has to do with the number of marketing channels that will be covered. In short, marketing restrictions that only apply to a limited number of channels will have a limited impact. You can think of the marketing mix as a tube of toothpaste. If you squeeze at one point, it doesn't disappear, it just shifts to another spot. That's what we've seen with tobacco marketing: expenditures didn't decrease after traditional advertising was banned, but simply shifted into other areas.

In fact, the main area where expenditures increased was the point of sale in retail settings, which is a critically important channel for food marketing. That includes traditional advertising in stores, such as posters and signs, as well as paid product placement. It's not an accident that certain foods are right near the cash register.

It also includes packaging. You don't need to do research or be a researcher; you only need to walk down the cereal aisle of any grocery store to understand how food packaging targets young children through cartoons and product tie-ins.

To be effective, marketing restrictions should also include sponsorship activities. However benign they may seem, sponsorships are actually one of the most effective and pervasive ways to market unhealthy foods to kids.

● (1705)

I have three children. They play in hockey and soccer leagues where kids run around with fast-food logos on their shirts. I understand the importance of this type of funding to community groups and the political sensitivity of this issue, but from a marketing and public health perspective, these activities should be restricted. That doesn't have to be an outright ban. Certain jurisdictions allow sponsorships; they just restrict the use of logos and promotional messages about those sponsorships. In other words, community groups can continue to accept funding from the industry, but food companies can't promote their brands to children as part of that transaction.

The second key feature that I think will determine the impact of the restrictions is something that Dr. Potvin Kent referred to, and that's how child-directed marketing is defined.

To date, the industry standard, the Canadian children's food and beverage advertising initiative, defines child-directed marketing based on audience viewership, as you heard. To qualify, at least 35% of viewers must be under 12 years old. The problem is that most of the shows that children actually watch don't qualify as child-directed, because enough older kids and teenagers watch the same shows. Children under 12 account for only about 10% of our population, so you could have every Canadian under 12 watching a program, but if enough adults and youth were watching the same program, it would not be considered child-directed advertising.

Dr. Monique Potvin Kent has given you several examples of how the current industry standard has been applied, and frankly, I think most people are surprised to hear that companies like Coke, McDonald's, and Red Bull have policies that they don't advertise to children, even as they use Mickey Mouse, cartoons, skateboarding, and video games to promote their products.

In fact, in that brand logo study I mentioned earlier, it's interesting to note that more than half of the three- to six-year-olds recognized a logo for a cigarette brand and could identify it. That's not because the tobacco companies were running cigarette ads on kids' shows; it's because even three- to six-year-olds are exposed to the same media channels that the rest of us watch.

Therefore, I'd like to endorse the potential benefit of Health Canada's proposal to restrict unhealthy food marketing on all TV programs until 9 p.m. That's going to be a far more effective approach to eliminate what children are actually exposed to, and not just so-called child-directed marketing. If thresholds are needed for other channels and print media, then more robust thresholds should be used with higher age limits. For example, the U.K. uses 20% of viewers under 16 as a threshold for child marketing. As a safeguard, restrictions can also be applied to the content of food marketing to restrict the use of cartoon characters, games, and other methods to promote unhealthy foods.

The third and final consideration addresses how unhealthy foods are defined. As I understand the current framework, ads would be prohibited if they feature foods that exceed the nutritional threshold for sugar, sodium, or saturated fat. This assumes that the ad in question actually features a specific food product. In fact, many ads include only general brand imagery and don't actually show an individual product. Think about lifestyle ads that market the Coke brand without actually showing a particular bottle of Coke. With these ads, it's difficult to see how the nutritional criteria could be applied. While this might seem like a technical consideration, it actually has the potential to create a very big loophole that would allow companies to run advertisements on any channel at any time. Perhaps this will be addressed in the regulatory phase, but I'd encourage Health Canada to consider standards that would prevent generic brand advertising on restricted channels or at restricted times.

In summary, I would suggest that the proposal to restrict unhealthy food marketing to Canadian kids has the potential to be a highly effective public health measure. It's true that marketing restrictions are not a silver bullet, but fortunately we don't use silver bullets as a threshold for effective public health measures. If we did, tobacco advertising would still be ubiquitous and smoking rates would probably be closer to historic highs, similar to where our current levels of overweight and obesity are.

To be effective, the restrictions must reduce a meaningful amount of exposure, and that means they'll need to cover a comprehensive set of marketing channels, including retail settings, packaging, and sponsorships. The impact will be limited unless the restrictions capture the range of media content to which kids are actually exposed, and not just the thin wedge of so-called child-directed marketing.

Thank you very much.

● (1710)

The Chair: Thank you very much.

Now we welcome Dr. Strang back to our committee.

Dr. Robert Strang (Chief Medical Officer of Health, Nova Scotia Department of Health and Wellness): Thank you very much, and good afternoon.

Thank you for the opportunity to appear before the House of Commons Standing Committee on Health. As the chief medical officer of health for Nova Scotia and the chair of the provincial/territorial public health network council, I'm here today representing both the provincial/territorial public health network council and the provincial/territorial group on nutrition. Just for context, our leads in healthy eating and nutrition are the provincial/territorial public health network council, which consists of the senior public health officials, including chief medical officers of health from all provinces and territories, and the provincial/territorial group on nutrition.

Without a doubt, unhealthy food and beverage marketing has a significant impact on our children's health. Restricting marketing of unhealthy food and beverages is a cost-effective strategy in the prevention of childhood obesity and other diet-related diseases, such as type 2 diabetes. It will also contribute to reducing health inequities due to the higher exposure and vulnerability of low-income children to such marketing.

Therefore, the provincial/territorial public health network council and group on nutrition strongly support Health Canada's efforts to restrict the marketing of unhealthy food and beverages to children. We believe that the proposed approach will help to create a positive food environment, support healthy purchasing behaviours of parents and families, positively influence children's food preferences, and protect children from the harms associated with the marketing of unhealthy food and beverages.

I would like to reiterate the comments on the need to cover the broadest possible range of marketing vehicles and media contexts that previous speakers have given more detail on. We also support the restriction of marketing of unhealthy food and beverages to children within the broader context of the federal healthy eating strategy as one initiative within a suite of approaches to improve healthy eating, reduce diet-related chronic diseases, and address childhood obesity.

However, we are disappointed to learn that the federal government has lowered the age of children who will be protected under the marketing restrictions from age 17 to age 13. Children and youth between the ages of 13 and 17 are still developmentally vulnerable to marketing, and this is also an influential period in terms of their food and beverage choices and the brand preferences they are developing and will hold through their adult life.

However, we understand the constraints that the federal government is under and the legal precedent that has been set. Although our preference would be to see children and youth under the age of 17 years being protected by federal legislation, we are pleased to see that the vulnerable group of children under 13 will get protection.

We also fully support the development and implementation of a comprehensive monitoring framework that will guide the parliamentary review of the federal legislation and regulations on marketing to children. Given the lower age for the federal protection, we strongly urge that the monitoring framework focus on youth between ages 13 and 17 in order to understand the impact of the legislation and regulations on this vulnerable age group, as well as any shifts in industry marketing to these youth. This will allow an opportunity to assess whether any provisions of the act need to be adjusted to ensure the continued and full protection of our children and youth. We also look forward to seeing how provinces and territories will be engaged as this work progresses.

We're also pleased to hear that the Minister of Health has directed Health Canada to invest resources and work closely with stakeholders to ensure the necessary research is undertaken to determine whether new forms of advertising are impacting children and whether teens are being exposed to more marketing as a result of the restrictions on marketing to younger children. We strongly encourage the federal government to provide adequate resources to support these monitoring and research efforts. We also encourage the robust engagement of young people in these efforts.

We recommend that the federal government require industry to report marketing expenditures and activities. We would encourage Health Canada to devote resources to industry monitoring, similar to the work done by the business intelligence unit of the Tobacco Control Directorate of Health Canada, which monitors the marketing and other activities of the tobacco industry.

● (1715)

A dedicated business intelligence unit could provide information on industry practices that would complement the monitoring framework, provide information on emerging trends, and help inform revisions to monitoring tools as well as to the monitoring framework. It could provide ongoing assessment and potential revisions of regulations.

We request ongoing updates on the monitoring framework development process through our usual channels of engagement with the federal government. As well, the provinces and territories are very interested to know if there are any expectations for direct provincial-territorial involvement in supporting implementation of the monitoring framework.

We would also like to express our concern about sponsorship and the exemption of sponsoring community sporting activities from the legislation. At a minimum, we strongly encourage the federal government to include the monitoring of sponsorship as a robust piece of the monitoring framework. The power and potential of sponsorship to influence sales and consumer behaviour cannot be underestimated. We must consider the impact of this form of marketing.

We know companies invest in corporate social responsibility initiatives such as sports sponsorship to demonstrate concern about the welfare of society or the environment. However, we also know companies engage in CSR campaigns to create a positive association with their brand or products.

A number of provinces and territories have recognized the impact of sponsorship and are working to implement policies that restrict sponsorship of sports and other activities in specific settings, such as schools and child care centres. A consistent national approach regarding sponsorship across all settings should be considered when evaluating the results of the monitoring framework.

Provinces and territories remain key stakeholders in developing and implementing policies and legislation that will improve Canadians' access to healthy foods and beverages. The pan-Canadian public health network council and group on nutrition look forward to continuing to work with Health Canada on the development, implementation, monitoring, and evaluation of key healthy eating policies and legislation, including restrictions on the marketing of unhealthy food and beverages.

In closing, I want to strongly state that the evidence is clear. The marketing of unhealthy foods and beverages has a negative impact on childhood obesity and overall health outcomes. The World Health Organization's commission on ending childhood obesity, in its final report presented in January 2016, recommended that any attempt to tackle childhood obesity should include a reduction in the exposure of children to marketing. With this unequivocal evidence, the federal government's proposed legislation is imperative.

Thank you for the opportunity to provide these opening remarks, and I am happy to take any questions.

● (1720)

The Chair: Thank you all for your opening remarks.

Now we'll go to our seven-minute questioning session, and we'll start with Dr. Eyolfson.

Mr. Doug Eyolfson: Thank you, Mr. Chair.

Dr. Greene Raine, or Senator Greene Raine—I'm getting my titles mixed up today.

Hon. Nancy Greene Raine: I'm an "Honourable".

Mr. Doug Eyolfson: There you go. It's a pleasure to be working with you again. I was privileged to sponsor this bill in the House.

With any government policy, you're always going to get detractors and people who have problems with it. There are some who have criticized this bill as saying we're restricting the choice of parents on what they can buy for their children. Is there anything in this bill that's actually telling parents what foods they can and can't buy for their children?

Hon. Nancy Greene Raine: Not at all. It's completely involved with the targeted marketing to children.

Mr. Doug Eyolfson: Thank you.

Dr. Strang, we talked about clause 5, which gives the Governor in Council authority to make regulations to determine whether unhealthy food is advertised in a manner that is directed at children. Can you speak to the criteria that should be used to determine whether marketing of a food is done in a manner that is directed at children? What criteria would you use when you look at an ad that would lead you to say "this is for children"?

Dr. Robert Strang: As key points, we need to look at Dr. Hammond's comments on the set of vehicles that are used, as well as the criteria on what constitutes an unhealthy food. We have a range of expertise that needs to be brought to bear. Health Canada is hopefully going to have a robust engagement with experts as they develop the regulations in this area.

Mr. Doug Eyolfson: Okay, thank you.

You may have alluded to this, but I wanted to get a definitive answer. Do you think Health Canada's restricting the focus to television and digital media marketing is sufficient, or should we also be expanding it to other avenues of advertising?

● (1725)

Dr. Robert Strang: From a public health perspective, we should be looking at all ways in which children are marketed to. Certainly there are regular media, social media, digital media. We have to look at the Internet. There's product placement, in-store placement, and sponsorship. If we're going to have the maximum impact on improving children's health, we need to have the maximum impact, as Dr. Hammond has said, and be looking at restricting marketing in all ways that children and their parents are marketed to.

Mr. Doug Eyolfson: Thank you.

Senator, I come back to you. You made reference to this act that was passed 20 years ago in Quebec. Is that right?

Hon. Nancy Greene Raine: I think it was in 1982 or 1980.

Mr. Doug Eyolfson: Then it's been 38 years.

Hon. Nancy Greene Raine: Yes, and the Quebec government used the Consumer Protection Act, which is quite different from the Food and Drugs Act.

Mr. Doug Eyolfson: You had said that there is decreased consumption of junk food and increased consumption of fruits and vegetables in children in Quebec since that law came in. Are you aware of any tracking of improved health outcomes, such as in rates of type 2 diabetes in younger people and these sorts of things?

Hon. Nancy Greene Raine: That's not my field of expertise. From discussing it with the people involved in the obesity issue in Quebec, I know they are still working on the issue. It's by no means solved, and they welcome this legislation because it expands the amount of advertising that....

What happened in Quebec was that because the legislation prohibited advertising, which was really traditional advertising—radio, television, and print ads—the revenue, the investment into marketing, moved into other areas. As a result, the impact wasn't as broad as they had hoped. They welcome this legislation to complement their legislation.

Dr. Monique Potvin Kent: If could just add to that, one of the issues with the Quebec legislation is that it's not specific. It doesn't target unhealthy food and beverage ads; it's just all advertising. It says you cannot can't target ads to children under the age of 13.

As a result, because of the way their legislation is drafted, kids see quite a bit of food advertising in Quebec. It's just not targeted at them. They see a McDonald's ad, but their McDonald's ad is the guy in his office eating a breakfast wrap, and that's not a child-targeted ad, so it's okay in Quebec. That's why it's so important that we get the regulations right for the entire country in this new piece of legislation.

Mr. Doug Eyolfson: If you're going to, as I say, restrict the ones that children might be exposed to, would you favour restrictions by time of day, the type of programming? Both? Neither?

Dr. Monique Potvin Kent: I think we need to approach it from a variety of angles. I think it means definitely restricting food and beverage marketing on any kind of child-targeted station, such as a children's specialty channel like YTV and that type of station, but you also have to look at the number of kids who are going to various sites. This is because you have to get that family programming. It's really hard if the audience.... If you just do an audience threshold approach, and in Quebec, say, the audience threshold is 15%, for instance, even that is too high in some instances, particularly when we're looking at digital media. Because there are so many media options online, there are very few websites that actually hit that number, so it's important to also look at the number of children who are going to various sites. Once we hit 25,000 Canadian children, that could then trigger the law, as opposed to just using the audience threshold.

Mr. Doug Eyolfson: All right. Thank you very much. I only have about 20 seconds left, so I thank you all very much for your testimony.

The Chair: Go ahead, Mr. Lobb.

Mr. Ben Lobb: Who will determine the definition of "unhealthy" food? I know we're having some discussions about the food guide and front-of-package labelling, and I think this bill also is trending towards that. Is unhealthy food going to be defined by Health Canada in conjunction with the food guide? What would have been the discussions on that?

Hon. Nancy Greene Raine: The discussions were really quite broad. Once I realized that the World Health Organization and the Pan American Health Organization were looking at how to define what is unhealthy, specifically towards the targeting of advertising to children, I realized there's a lot of research happening and lot of knowledge coming forward, and as long as the best practices are recognized at a worldwide level, I am comfortable adding the "unhealthy".

I appreciate that if you want this bill to stand up to any court challenges, you have to narrow what you are prohibiting. From my discussions with the Minister of Health and the officials, and seeing the work being done in Health Canada, I became very comfortable that we can define this. It will be defined in regulations.

● (1730)

Mr. Ben Lobb: One thing I can see happening is that juice, for example, under the proposed rules for front-of-package labelling, would have a label on it. Chocolate milk would have a label on it. A kids' yogourt drink would have a label on it. My interpretation would be that none of those products could be advertised towards children. Is that correct? Am I incorrect?

Orange juice, obviously, would have higher levels of sugar in it, yet many parents would think that a glass of juice in a day would be quite acceptable. What do you think?

Hon. Nancy Greene Raine: I understand where you're coming from. There's nothing to prevent the marketing of these products to parents. Kids coming and nagging the parents to buy them things because they're getting the marketing messages that make them desire sugar-sweetened drinks or drinks like fruit juice, which are naturally high in sugar, is what we're trying to prevent.

Mr. Ben Lobb: You wouldn't be able to advertise a drinkable yogourt a kid would have. I don't know if they advertise it to kids nowadays.

Hon. Nancy Greene Raine: I haven't seen any drinkable yogourts that aren't full of sugar.

I would like a kid to come home and say, "Mommy, I'm thirsty", and turn on the tap and have a glass of water.

Mr. Ben Lobb: Yes.

Hon. Nancy Greene Raine: That's not what's happening.

The Chair: Dr. Hammond.

Dr. David Hammond: May I speak to that?

The Chair: Dr. Hammond, go ahead.

Dr. David Hammond: Thank you.

I think it's an excellent question. I actually think you've underlined the importance of restricting marketing. Many parents think that juice and chocolate milk are healthy drinks. In fact, you might know that they have as much or more sugar than a bottle of Coke, for example. That's exactly one of the purposes of the front-of-package labelling. That's one of the purposes of marketing. It is because of marketing that people equate fruit juice with fruit, when in fact it's fundamentally different in terms of how much sugar is in there and how it metabolizes. I actually think that's a very good example of how removing marketing for some of those highly sugared drinks might be effective in terms of improving our diets.

Mr. Ben Lobb: I'm pretty sure that a Timbit is unhealthy and I'm sure you've had these discussions as well. Would Timbits hockey not be allowed anymore?

Hon. Nancy Greene Raine: I would say that kids' hockey would be allowed and should be allowed. If the Tim Hortons corporation wants to sponsor children's hockey, we would encourage that, but the children don't need to be billboards for the product.

Mr. Ben Lobb: What about Coca-Cola scoreboards? I know in lots of athletic fields across this country, there are Coke and Pepsi billboards and scoreboards, mainly scoreboards. Would they be banned under this measure?

Hon. Nancy Greene Raine: These things will be determined in regulations. My humble opinion is that we need to take a good pragmatic look at it. Scoreboards are very nice. They're very expensive. Communities don't have the money in their budgets to buy them. Maybe you could limit the size of the branding on them.

I know, for instance, that in World Cup skiing, headgear sponsorship is allowed. Athletes control the rights to their head gear sponsorship, and they look for sponsors. They have sponsors on their headgear, so whenever their picture is taken, a sponsor is there, but the International Ski Federation limits the size so that it doesn't overwhelm the other sponsorships they count on for putting on the event. There are ways to do this. It can be limited in the size and amount of branding.

We need to be very careful. Donating to support children's sports, because I believe in it, should be encouraged, but to use it as a promotional and marketing tool, if it's directed to children, is a problem.

● (1735)

The Chair: I have to interrupt. The bells are ringing. We've got 25 minutes and 36 seconds. I need unanimous support to keep going. Do we have unanimous support to keep asking questions?

Some hon. members: Agreed.

The Chair: Okay.

We can only go for another five minutes, because we have to get back to the votes. We'll go for five minutes.

Go ahead, Dr. Strang.

Dr. Robert Strang: I just have a comment about how the last discussion really emphasizes the need to take a very broad look and include all marketing avenues, including sponsorship and product placement. It also emphasizes the need to have a robust monitoring framework, because industry is very creative, and based on experience with other industries, they will find all sorts of ways to try to get around this. We need to be able to monitor that and adjust the regulations as industry finds ways to be creative to get around the rules.

The Chair: The floor is yours, Professor Potvin Kent.

Dr. Monique Potvin Kent: I just wanted to make a comment that 20 to 30 years ago, everyone was worried that all artistic endeavours and sporting events in Canada were going to be cancelled because tobacco sponsorship was being banned, but we haven't seen that in Canada. Other companies will step forward.

The other thing I wanted to mention was that in the province of Quebec, sponsorship is allowed. It is one of the exceptions that they have, but they allow it in the way that Senator Greene Raine was talking about. The branding has to be very subtle. They're not allowed to have any big imagery with any type of sponsorship that occurs at children's events, for children's sports, etc., so it can also be done in a subtle way.

Thank you.

The Chair: Monsieur Dubé, go ahead. We have to leave then when you're done.

[*Translation*]

Mr. Matthew Dubé (Beloeil—Chambly, NDP): Thank you, Mr. Chair. I will be brief since our time is limited.

Being from Quebec, the Rogers Cup, which is also held in Toronto, comes to mind. It used to be called the Du Maurier Cup. I think that illustrates your point well. The same thing happened with the F1 a few years ago because it no longer had the cigarette sponsorship. Other sponsors were found, but it caused a controversy. So I understand what you are saying.

I would like to hear your thoughts about age, that is, choosing between the ages of 13 and 17. As a teenager, which was not that long ago, I would not have wanted to hear this, but a teenager is ultimately a child. I believe you said that in your comments, Madam Senator.

Why should a distinction based on age be made it this act? Why should we be concerned about its legitimacy before the courts? Consuming alcohol and voting are not allowed before the age of 18. In short, teenagers are deemed not to have the faculties needed to do all kinds of things, and yet we think they are able to make the appropriate decision in this regard.

I would like to hear your thoughts on that.

[*English*]

Dr. Monique Potvin Kent: Certainly. I was going to say that the law in Quebec only goes up to age 13, so what we do see in Quebec is a lot of targeting of teenagers. Teenagers are definitely a population vulnerable to advertising. I'm sure you'll have other experts talk about teen brain development, but in the teen brain their prefrontal cortex is not fully developed, so they are very vulnerable to food and beverage advertising.

They are also very influenced by their peers. They're at an identity formation stage of their lives.

One of the things about digital marketing is that it's very different from other types of marketing, because the boundaries between entertainment and marketing are very amorphous. With teenagers, we find that they often don't even recognize that they're being advertised to when it's in a digital format. They're not able to pick it out. It's not like picking out a TV advertisement, so it's inherently unfair to be advertising it to them.

[*Translation*]

Mr. Matthew Dubé: I am sorry to interrupt, but my time is limited.

I would like to move on to something else: aside from brain development, financial independence is another aspect, isn't it? For the first time, teenagers are earning their own money. They are learning to spend and make choices. Instead of nagging their parents, they make their own choices.

Does that come into play as well?

[*English*]

Dr. Monique Potvin Kent: Absolutely. Obviously, lots of teenagers have part-time jobs. They have more pocket money from birthdays, etc. They have financial independence and they have lots of mobility. They're walking around. Teenagers are not making good food choices in Canada right now. We know that. I think that not marketing to kids would have a tremendous impact on changing their food preferences and their food intake as well.

● (1740)

Dr. David Hammond: There is no question whatsoever that if the age limit were increased to 17 and below, the marketing restrictions would be more effective in public health outcomes.

I'm somewhat perplexed by people mentioning that there's some legal threshold. As you said, the most typical legal threshold is the one that is set at 18 or 19 for alcohol. That was the threshold used for tobacco marketing and other types of marketing, so we need to be unequivocal about the fact that if this threshold covered marketing, it would not only be more effective for youth but would also restrict ads to kids, who inevitably see what's marketed to youth.

I don't understand when people refer to the legal barrier there, because we already have legal precedents in other domains.

[*Translation*]

Mr. Matthew Dubé: Thank you very much.

Regarding the digital space, I would like to know whether the growing number of children, even here, who watch Netflix and YouTube rather than conventional television has an impact.

[*English*]

Dr. Monique Potvin Kent: Traditional media like television are still playing a big role in children's lives, particularly younger children, but as kids get older, they obviously move more and more into digital spheres. In the recent study we did looking at social media, we saw children on the social media apps for just 24 minutes during weekdays and 48 minutes on the weekends, but for teenagers that rate was 136 minutes on the weekends, just on social media sites. That's just one type of digital media they are looking at.

Obviously kids are on digital media, but they're still watching over two hours of television per day.

[*Translation*]

Mr. Matthew Dubé: Thank you.

[*English*]

The Chair: Thanks very much.

I'm sorry, but we have to wind up a little early. The bells are ringing, and we have to get across the street to vote.

I want to thank everyone. Your presentations are quite educational for us, quite impressive.

We'll reconvene on Monday.

The meeting is adjourned.

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